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Third Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction

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Review of the operation and status of the Convention

Draft
Review of the operation and status of the Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction, 2010-2014

Part III

Submitted by the President of the Third Review Conference

Clearing mined areas (cont)

Ethiopia

1. *Coordination:* Ethiopia has repeatedly stated that its promise to landmine survivors under the Anti-Personnel Mine Ban Convention is addressed in broader efforts for all persons with disabilities. The Ministry of Labour and Social Affairs (MoLSA) is Ethiopia's focal point for disability issues. The 2012 National Plan of Action for Persons with Disabilities requires the involvement of various ministries and regional bureaus in recognition that disability is a cross-cutting issue. A National Committee, chaired by MoLSA, has been established for coordination, monitoring and evaluation of disability-related programmes. The Committee is composed of representatives from relevant ministries, regional bureaus, and NGOs working on disability, DPOs and other religious institutions. Despite the establishment of the national coordination committee, Ethiopia reported challenges including a lack of information sharing regarding disability related activities and achievements amongst different ministries and other bodies in their respective areas of competence. To overcome this challenge, Ethiopia reported that it is now working to establish regional implementation monitoring coordinating committees. As of December 2013, five regional committees had been established and this number continues to grow. All regional committees have incorporated a new national plan into their annual work plans and are reporting regularly to the national committee.

2. *Understanding the extent of the challenge:* There is no comprehensive mechanism for the systematic collection of data regarding landmine survivors and other persons with disabilities. In 2012, Ethiopia indicated that by the Third Review Conference it planned to

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make substantial progress in improving its methods of data collection and data management in line with CRPD requirements. Ethiopia reported that the MoLSA has been collaborating with the Census Committee to see that the census for 2017 will gather data on disabilities, including landmine survivors.

3. *Planning*. Ethiopia reported that its National Plan of Action for Persons with Disabilities (NPA) was adopted in 2012 to cover a period of ten years. The plan is based on a vision of a fully inclusive Ethiopian society, where children, youth and adults with disabilities, regardless of gender or type of disability, as well as their parents and families, enjoy the same rights to participate in the same civil, political, economic, social and cultural spheres and to access the same medical, educational, social services, training, work and leisure opportunities enjoyed by other citizens. The plan seeks to ensure that persons with disabilities are accepted, their abilities are valued, their diversity and independence are recognized, their human rights are protected, and that they are able to participate actively in the life and development of their communities and the nation. The NPA is in line with the CRPD and other national policy and legal frameworks relating to disabilities. In addition, the national Growth and transformation Plan (GTP) includes provisions to ensure persons with disabilities benefit from its implementation. The GTP provides that the number of persons with disabilities that receive physical rehabilitation services will increase from 41,154 (in 2010) to 95,642 by 2015. The NPA follows a twin track approach where one of the tracks focuses on mainstream programs and services which are not specifically designed for persons with disabilities. The other track that focuses on disability-specific programs and services addresses individual needs.

4. *Laws and Policies*. Laws are in place to prohibit the marginalisation of landmine and other ERW survivors as well as other persons with disabilities in areas including healthcare, education, employment, public services, legal provisions and political rights. The Law provides for equal treatment in the social, economic and political lives of their communities. In addition, the *Social Protection Policy* has been adopted which aims to address the needs and challenges of the country's poor, vulnerable and marginalised population groups such as persons with disabilities including landmine and other ERW survivors. The policy provides for the provision of basic social services and includes an implementation strategy for supporting persons with disabilities. In addition, Article 10 of the National Proclamation to Provide for the Definition of Powers and Duties of the Executive Organs, expressly states that each ministry has the responsibility to create conditions whereby persons with disabilities and H.I.V. AIDS victims benefit from equal opportunities and participation. Further, the National Physical Rehabilitation Strategy ensures a systematic approach to facilitate and promote the expansion of physical rehabilitation services in both quantity and quality. Ethiopia faces challenges in implementing the existing legal and policy framework due to lack of human capacity and limited financial resources.

5. *Monitoring and evaluation*. As a state party to the CRPD, Ethiopia submitted its initial report on measures taken to implement the Convention in collaboration with key actors in the country. Ethiopia reported some coordination challenges when it comes to monitoring and reporting. For example, when attempting to gather information for monitoring, some national organisation/associations lack the capacity to provide such information. By the Third Review Conference, MoLSA plans to build the capacity of the national associations in areas such as leadership, entrepreneurship and partnership. In addition, Ethiopia will follow up the utilization of the government's annual budget to subsidize Disabled Persons Organisations in view of their overall plan and achievements. In addition, Ethiopia reported that the challenges encountered include weak human, technical and financial capacity in all sectors. An assessment study on existing physical rehabilitation services in Ethiopia was conducted in 2011 in order to review the quality of services, the level of human resources, the geographic distribution of prosthetic and orthotic centres, the

needs of the centres and the accessibility of these centres for the users. The purpose of the study was to enable recommendations on ways and means to strengthen efficient and effective physical rehabilitation services in the future.

6. *Access to Services*: During the period 2011-2012, 83% of persons with disabilities (47,697) received assistive devices including wheel chairs, prostheses orthotic appliances and physiotherapy services in accordance with the national plan. In 2011 a new private pension proclamation was introduced in addition to the former public proclamation (amended) where both proclamations granted special privilege to landmine survivors and other persons with disabilities. It is proclaimed that if an individual is a disabled, he or she will receive pension benefits for an additional number of years as compared to a person without disabilities. MoLSA has been working to create coordination necessary for expansion of inclusive education and special need education with the Ministry of Education. A committee drawn from the two ministries has been established to boost the program. Recently a memorandum of understanding (MoU) was prepared and is ready for signature. The MoU will accelerate the level of inclusion in education to encompass significant portion of people with disabilities and widen the area of coverage. The MOU has been signed between MoLSA and the Ministry of Construction and Urban Development to promote physical accessibility in public building, specially focusing on the Ethiopian building code. The two ministries have established a technical committee to bring the programme implementation on board. The committee has developed terms of reference (TORs) for future activities in the country. According to the TORs, the two ministries will jointly organize a awareness workshop on accessibility and the Ethiopian building code to ensure the effective implementation of the programme. By the Third Review Conference, Ethiopia plans to increase the number and level of social welfare workforce training and placement at federal and regional levels, and enhance the participation of development partners.

7. *Awareness raising*: Negative societal attitudes continue to create a barrier for persons with disabilities including mine survivors and other vulnerable sectors of society. Efforts have been made to raise awareness of relevant national policies and strategies regarding the rights and capacities of persons with disabilities. Such awareness campaigns are being implemented by persons with disabilities themselves. Information regarding the availability of relevant services has been disseminated and it is reported that a total of 5.3 million citizens benefited from awareness programme. In addition, an on-going CRPD awareness raising programme has been implement through electronic and press media as well as through workshops and symposiums. MoLSA has used the opportunity of preparing the initial CRPD report to raise awareness of the country's responsibilities across the various relevant ministries. Awareness raising programmes are not carried out on a regular basis and lack the use of full means of information technology. Awareness raising programmes are not easily accessible to the majority of the population particularly in remote and rural areas where services and infrastructures are not available. By the Third Review Conference, Ethiopia plan to enhance existing awareness raising programmes through celebration of International Days of the White cane, week of the deaf, Disability day, Day of the Blind and Leprosy day and expand the coverage across the regional, local and district administrative levels.

8. *Inclusion*: Ethiopia reported that its NPA is founded on the principle of inclusion noting that the preamble refers to the goal of an 'inclusive society, people with disabilities are accepted, their abilities are valued, their diversity and independence and recognised, their human rights are protected, and they participate actively in the life and development of their communities and the nation'. Implementation of the NPA is underway and some efforts are being made to mainstream the principles of inclusion in the programme of relevant institutions. All eight national organisations for persons with disabilities are encouraged to participate in the implementation of the NPA through their representatives in

the national and regional committees. The capacity building of survivor and disabled persons organisations is being promoted through the provision of a government budget and ILO financial support.

Guinea-Bissau

9. *Understanding the extent of the challenge:* Guinea Bissau reported that the last census of the population, carried out in 2009, indicated that an average 0.94% of the population have some type of disability. There is a higher rate of 1.25% in the northern region and 1.75% in the Bijagos islands in the southern region. Guinea Bissau indicated that it intends to coordinate to ensure that the next national census will include questions on persons with disabilities. In terms of mine victims, Guinea Bissau reported a total of 1,530 casualties from mines/ERW from 1963 through to November 2013. The total number of mine and other ERW victims is estimated to be around 1,410 but it is understood that there are likely many more unrecorded. It is known that over 80% of the victims were male and often working in farming.

10. *Legislation and policies:* Guinea Bissau reported that the Convention on the Rights of Persons with Disabilities was unanimously approved by the National Popular Assembly on 23 July 2013 and was signed by the President of the Republic on 7 March 2014 and is now awaiting publication in the Official Journal of the Republic. In addition, Guinea Bissau reported having enacted anti-discrimination legislation and having reached an agreement within the Ministry of National Solidarity, Family and Poverty to fix budget lines for disability. Guinea Bissau reported that it is attempting to further strengthen legislation in favour of people with disabilities.

11. *Accessibility of services:* Guinea-Bissau reported that it provides medical/medicinal assistance, psychosocial support, and professional training to young victims. Guinea Bissau reported that Centro de Reabilitacao Motora (CRM) accounts for almost all rehabilitation services in the country – from physiotherapy and pre/post-prosthetic training to the fitting or orthopaedic devices and delivery of wheelchairs and walking aids. Since the end of 2012, both the orthopaedic workshop and the physiotherapy department have received technical support by an ICRC expatriate. Guinea Bissau reported having renovated a Physical Rehabilitation Centre, with financial support from the Economic Community of West African States and the ICRC. Since December 2012, the CRM has been receiving patients from neighbouring countries such as Gambia, Senegal, Guinea-Conakry.

Jordan

12. *Coordination:* Victim Assistance is coordinated by the Higher Council for Persons with Disabilities (HCD) which also leads the development and monitoring of policy and legal frameworks regarding disability. A steering committee on victim assistance was formed in March 2009, under the umbrella of the HCD, to mainstream issues relating to mine and other ERW survivors into national disability strategies. Membership of the steering committee includes the Ministry of Health (MoH), the Ministry of Social Development, the National Committee for Demining and Rehabilitation (NCDR), the Al Hussein Society, Lifeline for Consultancy and Rehabilitation, Royal Medical Services , and the Hashemite Committee for Disabled Soldiers.

13. *Understanding the extent of the challenge:* In terms of casualty data, the NCDR collects data on casualties across the country and disseminates it to a network of disability stakeholders. In April 2010, a victim surveillance survey and needs assessment was conducted in which almost every Jordanian survivor received a home visit. The survey results were disseminated amongst relevant VA partners. By the Third Review Conference, Jordan plan to have developed an online database to share data on victims amongst relevant VA partner organizations

14. *Planning*: The NCDR's victim assistance activities are implemented in accordance with the National Mine Action Plan 2010-2015. The National Mine Action Plan emphasises the integration of support for survivors and victims of accidents into broader national policies, plans and programmes. Jordan reported that, by 2014, it intends to ensure high-level support for its victim assistance activities through the Prime Ministry, Ministry of Finance, Ministry of Planning and International Cooperation, the Jordanian Armed Forces and the Higher Council for the Affairs of Persons with Disabilities.

15. *Legislation and policies*: No monitoring body currently exists to monitor its plans. By the Third Review Conference in 2014, Jordan plan to establish a monitoring body with the authority to conduct monitoring and to develop national standards for services relevant for survivors.

16. *Access to Services*: A new prosthetic/orthotic centre was established in April 2012 in the northern part of Jordan. The centre is furnished with all the necessary equipment and materials and has the capacity to serve over 450 patients including survivors and other persons with disabilities. In addition, other existing rehabilitation centres exist and ensure multi-disciplinary approach to rehabilitation by creating teams that include qualified orthotics and prosthesis technicians, physiotherapists and psychologists. Jordan reported that its disability sector has generated project proposals which contribute to enhancing services for persons with disabilities including mine and other ERW survivors. The projects focus on enhancing emergency medical capacities and building on current national efforts to support physical and economic rehabilitation. The main challenges reported include a lack of funds. By the Third Review Conference in 2014, Jordan will aim to increase its outreach in terms of providing training to survivors.

17. *Awareness raising*: Efforts have been undertaken to increase awareness amongst survivors and the general population about the rights and capacities of persons with disabilities including survivors. In addition, training has been provided to landmine and other ERW survivors on topics such as how to establish peer support networks and the development of planning and leadership skills.

18. *Non-discrimination*: National Victim Assistance Standards were drafted by NCDR in 2010 to clarify the roles and responsibilities of all VA partners in Jordan. By 2014, Jordan plans to develop guidelines on physiotherapy. It is currently in the process of collecting references and information on international standards for physiotherapy.

19. *Responsibility*: Jordan reported on efforts to strengthen national ownership through enhancing national capacity on disability issues. Training has been provided to health care and rehabilitation professionals at various levels and on topics such as orthopaedic/prosthesis care, physical rehabilitation, gender and disability, management skills, wheelchair fitting and cushioning, and socket design. The majority of this training has been enabled through partnerships and other external financial support. Jordan expressed that its main challenge is limited financial resources. Jordan noted that strengthening the capacity of victim assistance partners in the region is a priority. The NCDR has established an internship programme aimed to increase the capacity of VA partner institutions in the region. This programme will see Jordan hosting four young professionals each year to work with VA partner organizations in the country, including the MoH, Higher Council for Affairs of Persons with Disabilities, and the National Amputee Centre, and aims to develop expertise in the areas of Social work and community development, orthotic and prosthesis, physiotherapy and occupational therapy. The NCDR will continue to develop the institutional capacity of its staff and partners.

20. *Inclusion*: Jordan reported the inclusion of mine survivors and other persons with disabilities in relevant steering committees such as the victim assistance steering committee

and the committee for the National Disability Strategy and Frameworks which was established by the HCD.

Mozambique

21. *Understanding the extent of the challenge:* Mozambique reported that people with disabilities, including landmine survivors, are estimated to number 475,011, which corresponds to 2% of the total estimated population of 23,700,715 (in 2012). Of this figure, 249,752 are male and 225,259 are female. Of this number, 20.7% suffer upper limb amputations, 12.9% are deaf 9.4% are blind, 8.5% are mentally ill, 8.2% suffered lower limb amputations, and 7.3% are paraplegic. Mozambique noted that the majority of persons with disabilities live in the rural areas where the level of poverty is higher where public services for health, education and other services are insufficient. In order to better understand the real situation of mine victims in Mozambique, civil society organisations, in conjunction with the government are conducting a study on the social conditions of landmine victims in 12 districts of Inhambane and Sofala (two of the provinces most heavily affected by mines). The results of this study will contribute to the elaboration of a plan of mine victim assistance.

22. *Planning:* Mozambique indicated that it had working to achieve the salient points of the Cartagena Action Plan through its first National Action Plan on Disabilities which was in force from 2006 to 2010. Mozambique indicated that implementation of the first plan was generally positive and encouraging results were seen in the areas of health, education, social assistance and the promotion of employment. Mozambique adopted a new National Action Plan on Disabilities for the period 2012-2019 that sets out the objectives and priorities to achieve the promotion and protection of the rights of persons with disabilities. This plan is in line with the recommendations of the Convention on the Rights of Persons with Disabilities and is well-aligned with the programme of the African Decade for Persons with Disabilities.

23. *Legislation and policies:* Mozambique reported that in order to guarantee better social assistance to persons with disabilities and the promotion of their rights, various policies, plans and legislation have been approved and are being implemented. This includes the *Policy of Persons with Disabilities* which defines and orients the activities in the area of disabilities in the country. Also, the *Strategy on Persons with Disabilities in the Public Sector* determines the actions to be developed for state institutions for the improvement and enhancement of employment for persons with disabilities. Mozambique indicated that there are *Regulations on Accessibility* which establish the national standards for the construction and use of public buildings and spaces. At the international level, Mozambique ratified the UN Convention on the Rights of Persons with Disabilities in 2012. Mozambique submitted its first report to the Committee in 2013.

24. *Accessibility of services:* Mozambique has placed an emphasis on inclusive education for children with disabilities. From 2011 to 2012, 2,502 children with needs for special education were integrated into regular schools, 307 children with needs for special education were enrolled in special schools and 89 attended the Institute for the Visually Impaired. To improve access to education, the government recently built three regional centres in the North, Centre and South of the country and has been strengthening inclusive education through the capacity building activities for teachers. In order to facilitate the mobility of people with disabilities, 972 beneficiaries received suitable means of compensations, with priority given to the rural areas where the majority of the people with disabilities and mine victims live. With regards to accessing services of physiotherapy and rehabilitation, 3319 persons with disabilities were hosted in the 5 transit centres that operate in the country. In 2012, the physiotherapy and rehabilitation programme provided services to 25,524 patients in appointments for outpatient physiotherapy. 18,718 of these patients

received treatment for the first time. 4021 orthopaedic devices were also produced and 1656 devices were repaired. Through the Social Security, 39,151 persons with disabilities received services through the programs for social assistance and material support. 3677 people with disabilities received financial and psychosocial support. Concerning access to employment, initiatives were developed that facilitated the social inclusion of 6059 persons with disabilities in projects to generate income which includes the employment of 2849 persons with disabilities in public institutions. Mozambique reported that assistance to landmine victims is done in coordination with civil society. The Network for Assistance to Mine Victims (RAVIM), Handicap International and the SIOAS – System Information and Guidance on Social Action, are key partners in identifying, referring and assisting people with disabilities including mine survivors. This network has referred 368 persons with disabilities to health services, including physical rehabilitation.

25. *Responsibility*: Mozambique has supported the implementation of specialised training programmes for officials and professors in the use of information technology and communication in relation to persons with visual disabilities.

Peru

26. *Coordination*: The National Disability Council (CONADIS) is the focal point for disability matters in Peru. CONADIS is part of the Executive Council of the National Mine Action Centre (CONTRAMINAS) – a high level entity within the Ministry of External Relations that also benefits from the participation of the ministries of defence, interior, education, and health – that undertakes efforts to assist landmine and other ERW survivors. Operating under the mine action umbrella, CONTRAMINAS have established an inter-ministerial coordination mechanism to implement the National Plan for Comprehensive Action against Antipersonnel Mines in Peru. The coordination mechanism includes a Victim Assistance Committee which involves the Ministries of Foreign Affairs, Defence, Interior, Education, Health, Women and Social Development and the National Disability Council (CONADIS). CONTRAMINAS coordinates to ensure victim assistance efforts are included in the work of all relevant actors. It coordinates directly with the various medical institutions committed to the care and rehabilitation of mine victims, such as the National Rehabilitation Institute and the National Ophthalmology Institute among others. In response to an identified need, the current administration has enhanced its efforts to promote the issue of social inclusion including through the creation of a new Ministry of Development and Social inclusion which is taking the lead of most social programs for vulnerable groups.

27. *Understanding the Extent of the Challenge Faced*: Peru reported that CONTRAMINAS record and register landmine survivors throughout the country. To date, CONTRAMINAS have registered 339 landmine victims in its database disaggregated by sex (324 males and 15 females) and age (at the time of the accident). Of the 339 victims, there are 146 civilian casualties, 118 military and 75 from the national police. In terms of broader efforts, CONADIS is developing a broader response to data collection and management in collaboration with the National Institute of Statistics and Informatics (INEI). Peru indicated that disability statistics have been gathered through its national census since 1940 and that the 2007 census indicated a 10.89 per cent disability prevalence rate across the country. Peru reported that a specialised national survey on disability has been conducted across 340,000 households and that, of these households, 37,000 include a person with one or more disabilities. This information will be used as a baseline from which plans can be made to achieve the social inclusion of people with disabilities in general. Jointly, CONADIS and CONTRAMINAS are undertaking a pilot project called "Accessible Tumbes" which is a psychosocial biomedical study in the mine affected province of Tumbes which aims to locate and certify all people with disabilities in the region to enable the planning of actions in that region. This program consists of two phases:

the first involves a census and the second involves home visits to persons with disabilities by multidisciplinary teams.

28. *Planning*: In April 2013, CONTRAMINAS and CONADIS, with support from the Anti-Personnel Mine Ban Implementation Support Unit (ISU) and the European Union, hosted a national workshop to evaluate possible modifications to the National Action Plan on the Equalization of Opportunities to for Persons with Disabilities (PIO) in light of CRPD ratification and, subsequently, a new general law on disability ratified by Congress in December 2012. This initiative launched a series of workshops around the country in which different regions were given the opportunity to discuss and feed into the development of the new action plan. In April 2014, a follow-up workshop took place in Lima to share the findings from the regional workshops and to agree upon the priorities for the new Plan. The process ensured the active participation of survivors' of anti-personnel mines and their representative organisations. The work of CONTRAMINAS on victim assistance is guided by the Strategic Plan of Action against Anti-Personnel Mines. The Strategic Plan focuses on the permanent coordination of State entities responsible for physical rehabilitation and socio-economic inclusion.

29. *Legislation and Policies*: Laws that have been adopted to provide a framework for its support to persons with disabilities including survivors namely general Law No. 27050 (and its amendment Law No. 28164) on Persons with Disabilities which establishes a legal framework for the protection of persons with disabilities, including mine survivors, and the provision of benefits. These laws are complemented by other laws such as Law No. 27920 establishing sanctions for noncompliance with building standards on urban adaptation and architecture for people with disabilities; Law No. 28084 regulating special parking vehicles occupied by people with disabilities, Law No. 28164 amending several articles of Law No. 27050 and Law No. 29392 established offenses and penalties for breach of the General Law on Persons with Disabilities and Law No. 28592 on Comprehensive Economic Reparations which also includes provisions for landmine victims. One of the challenges faced is the variety of laws and legal frameworks in place that together provide protection and ensure the development and social integration, economic and cultural development of landmine victims. However, a single Act to protect the rights and needs of persons with disabilities including landmine and other ERW survivors would be preferential. By the Third Review Conference in 2014, Peru will aim to pass a bill for a new comprehensive General Law on Persons with Disabilities.

30. *Access to Services*: Peru reported that the majority of health care services are centralised and provided in the capital of Lima with heavy reliance on entities like the National Institute of Rehabilitation, which has produced needed prosthetics, provides rehabilitation support and physical therapy, and the National Institute of Ophthalmology. Therefore, it has proven costly for survivors to access these services as they face logistical and financial challenges as well as a disruption of their daily working activities. CONADIS is working to enhance access to services for persons with disabilities including landmine and other ERW survivors. Peru reported on efforts undertaken to enhance access to services for survivors including other persons with disabilities including: the renovation and provision of equipment to welding shops and food industries in order to enhance employment opportunities; the establishment of a Department for Physical Medicine and Rehabilitation and Biomechanics Workshop at the Daniel Alcides Carrión Hospital in the mine affect province of Huancayo which benefits mine survivors as well as the larger community of Huancayo. Through CONTRAMINAS, Peru has donated computer equipment to the Department of Support to Disabled Army Personnel to support disabled military personnel, most of which are victims of landmines. Peru reported that a lack of awareness amongst the inter-ministerial coordination body had originally presented a challenge to implementation of activities that would enhance access to services. As a result of the 2012 Public Sector Budget that allocated increased funding for disability, Peru will

begin implementation of a Disability Programme in five regions of the country, including Lima, with a focus on enhancing work, special education, inclusive education, accessibility, health and rehabilitation. Given that most services are centralised in Peru, an effort is being undertaken to provide services in their place of origin or residence. For example, rehabilitation services from the Carrion de Huancayo Hospital and training in equipment renovation, baking, informatics, welding, computer science and automotive mechanics at Junin's Regional Labor Office.

31. *Inclusion*: Peru reported that CONTRAMINAS is dedicated to providing assistance to the survivors of these explosive devices, understanding the need for physical rehabilitations services, psychological support, social reintegration and economic reintegration. To such an end, a process has been developed to raise awareness of mine victims, through interviews with the participation of diverse organizations and entities, in order to better understand their condition and support possibilities. Since 2009, 201 socio-economic reinsertion programs have benefited more than 120 persons affected by these devices. CONTRAMINAS maintains permanent contact with anti-personnel mine victims and has organized various activities with the principle objective of fomenting the active participation of survivors, in order to share their uncertainties, suggestions, contributions and needs. These activities have taken place in Lima and Huancayo, with participation of victims from Junin and Huancavelica. In various workshops organized by CONTRAMINAS, information was shared concerning the benefits and rights of mine victims, inviting them to channel their needs through CONTRAMINAS. In some cases direct visits with mine victims occurred in order to understand their current conditions, resulting in multiple trips to the country's interior.

32. *Awareness Raising*: Peru reported that CONTRAMINAS and the Office of Human Resources of the Ministry of External Relations, with the support of CONADIS, are undertaking awareness raising efforts for staff and public servants of the Ministry through a series of workshops and discussions realized during 2013. The focus of the activity was awareness raising about the rights and capacities of persons with disabilities with a focus on creating environments that are physically accessible for persons with disability, including anti-personnel mine victims, serving as an example for other institutions.

Serbia

33. *Coordination*: Serbia reported that the Ministry of Labour, Employment and Social Policy is the competent authority in the Government of the Republic of Serbia for ensuring protection, rights and financial support to disability civilian veterans, family members of disabled civilian veterans and family members of civilian war victims. Since December 2012, the Ministry has been designated as the focal point of victim assistance in terms of the social aspect. An inter-ministerial coordination body exists at the national level with a membership that involves all relevant disability/VA stakeholders. Serbia reported that it has intensified its consultations with relevant associations in 2013. In addition, the Ministry of Labour, Employment and Social Policy initiated in December 2013 a Governmental Working Group tasked with implementation of the Anti-Personnel Mine Ban Convention and, in particular, the matter of victim assistance. The government working group will comprise inter-sectoral representatives of the Ministry of Labour, Employment and Social Policy (sector for protection of persons with disabilities; Employment Sector; Gender Equality Department), the Ministry of Foreign Affairs (Arms Control and Military Cooperation Section; International Humanitarian Law Commission), the Ministry of Health ("Batut" Public Health Institute) and the Ministry of Defence (Military Medical Academy). The Working Group will have the necessary authorisation and funds that would enable it to function. NGOs are also expected to participate in the activities of the Working Group.

34. *Understanding the extent of the challenge:* Serbia reported the lack of a centralised comprehensive system for the collection of data on disability and victim assistance within the country. Disability data is spread across different ministries and various health/social-care institutions. This presents a challenge to Serbia in its efforts to analyse data and assess the needs and priorities of victims. According to the information from the database of the Ministry of Labour, Employment and Social Policy, the number of civilian disabled veterans is 1,316 - 921 men and 395 women. Their average age is 70 for men and 73 for women. According to the Law, civilian disabled veterans are entitled to a number of benefits, not just one. The information on civilian disabled veterans are disaggregated according to the degree of physical impairment. The rights of this category of people are stipulated by the Law regulating the rights of civilian disabled veterans, enforced from 1 January 1997. This Law ensures that the scope of protection envisaged for civilian disabled veterans is the same as for disabled war veterans whose rights are stipulated in other laws. In this way, the protection of civilian disabled veterans is raised to the highest possible level.

35. *Planning:* Serbia reported that its Strategy for promoting the status of persons with disabilities (2007-2015) is the guiding strategy for disability including victim assistance. The Strategy recognises that persons with disabilities enjoy equal rights with others. Serbia also reported the development of a National Action Plan to support mine and other ERW survivors in the broader context of disability. The Governmental Working Group is tasked with developing a clear action plan that would include measurable and achievable objectives.

36. *Monitoring and evaluation:* Monitoring of the implementation of the strategic goals and objectives defined in the Disability Strategy is being undertaken across the relevant government ministries led by the Department for the Support of Persons with Disabilities however the current approach to monitoring lacks coordination and comprehensiveness. Serbia reported that the newly established Working Group for Victims Assistance will be responsible for monitoring progress in providing assistance to victims within broader national plans and legal framework.

37. *Laws and policies:* Serbia has ratified the CRPD and its optional protocol. National legislation on prevention of discrimination of persons with disabilities was enacted in 2009 along with a law on professional rehabilitation and the employment of persons with disabilities which was enacted to ensure an inclusive and rights based approach to the employment of persons with disabilities. Further, Serbia reported that it has in place a Law regulating the rights of disabled civilian war veterans which envisages entitlements that include personal disability allowance, allowance for care and assistance by another person, orthotics allowance, health care and financial benefits related to provision of health care, free and subsidised transport, food and accommodation benefits during travel and stay in places other than one's one place of residence, monthly financial allowance and compensation for funeral expenses. In addition, Serbia reported the enactment of a law on privileges for persons with disabilities in the public transportation system. Serbia reported the adoption of strategies to enhance coordination on disability and to avoid duplicating services including a strategy for improving the status of persons with disabilities; a strategy for fighting poverty; and a strategy for the developing the social care system. Serbia reported the adoption of regulation enabling free or low cost medical treatment and orthopaedic aids for low income families and its being extended to include people disabled by war and others.

38. *Accessibility to services:* Emergency and on-going medical care, physical therapy and rehabilitation, and the provision of prosthetic and orthotic devices are provided to survivors through national health care systems. In remote rural areas social protection services exist to extend quality assistance in the field of social welfare. Currently,

orthopaedic aids are subsidised for individuals and their families if their income is lower than the minimum wage or if they require such a device due to injuries received during war or civil war. Serbia reported that it plans to equalise this privilege to persons with disabilities regardless of their military or civilian status. In addition, Serbia reported that its national Institute for Prosthetics and Orthopaedics coordinates rehabilitation, psychological, and social support. Multi-disciplinary teams include physio-therapists, prosthetists, orthopaedists, nurses, psychologists, psychiatrists, speech therapists and social workers. Psychological support and social support are important elements of post-rehabilitation treatment and aim to eliminate or reduce post-traumatic stress disorder. Patients and their families are continually supported and provided with comprehensive support by a team of experts. Serbia reported that the Ministry of Labour and Employment is responsible for job placement and vocational training of landmine victims. The National Employment Service runs vocational trainings and job placement programmes for persons with disabilities according to three categories: civilian victims of war; military personnel disabled in war; and military personnel disabled in peace-time. Employment programmes for persons with disabilities provide specialised vocational training. Serbia reported that a challenge to full implementation of these programmes is the lack of financial support. Serbia reported that by 2014, it will aim to improve accessibility and availability of all services by eliminating physical, social, cultural, economic, political and other barriers.

39. *Responsibility:* Serbia reported on efforts to strengthen national ownership and capacity building of women, men and associations of victims and other organizations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks.

40. *Awareness raising:* Awareness raising activities are being undertaken by relevant ministries such as the Ministry of Labour and Social Services and the Ministry of Information. Serbia reported unsatisfactory use of mass media to raise awareness. By 2014, Serbia plans to have enhanced its awareness raising efforts focusing on the use of mass media to share new information.

41. *Inclusion:* The inclusion of mine survivors and other persons with disabilities, including their representative organisations, in relevant victim assistance related activities is ensured through the convening of regular meetings. By the Third Review Conference, Serbia plans to ensure the participation of mine and other ERW survivors in the new coordination body that is to be established.

Sudan

42. *Coordination:* An inter-ministerial victim assistance working group has been established involving the participation of relevant government ministries and bodies, including the Ministry of Education, Ministry of Health, Ministry of Social Welfare, the Commission for Demobilization and Disarmament and Reintegration, the Unions for Persons with Disabilities, and the National Council for Disabilities, as well as international and national organisations and community based organisations. The working group is led by the National Mine Action Centre, which is responsible for coordinating victim assistance activities. There is also the Coordination Working Group in Elfasher, North Darfur, which is co-chaired by the Ministry of Social Affairs. The group meets monthly to coordinate, share information, reports and experiences. It enables effective coordination of victim assistance activities ensuring the best use of available resources and avoiding duplication of efforts. The National Council for Disabilities was established in Sudan to coordinate and support activities, to enforce the rights of persons with disabilities and to ensure that approaches taken demonstrate participation, good governance, transparency, and accountability. The National Mine Action Centre' victim assistance department plays and active role in the work of the Council.

43. *Understanding the extent of the challenge:* The National Mine Action Centre is responsible for collecting casualty data on victims of landmines and other explosive remnants of war. The National Mine Action Centre has a national victim database. A team of 247 data collectors, including survivors and persons with disabilities, have been trained to work in remote villages. Given the nature and duration of the conflict in the country, it is assumed that many accidents go unrecorded. The Ministry of Health has established a national surveillance mechanism that collects and records data on persons with disabilities.

44. *Legislation and policies:* Sudan is a State Party to the CRPD and a national disability law has recently been adopted. This law incorporates the existing legal framework for victim assistance and clearly indicates mine and other explosive remnants of war victims as a target group for support. In addition, victim assistance in Sudan is guided by strategic objectives and targets contained within the National Victim Assistance Strategic Framework and Work Plan, which was revised in 2009.

45. *Planning:* Sudan has a National Action Plan on Disability, which was developed through an inclusive and participatory process involving all disability stakeholders. A lack of resources is a challenge in implementing the plan. In addition, the National Mine Action Centre has a National Mine Action Transition Plan, which was recently revised and now incorporates actions on victim assistance in line with the Cartagena Action Plan.

46. *Responsibility:* Efforts have been made to strengthen national ownership and develop national capacity through the provision of training courses for personnel working to implement victim assistance related services. Other training opportunities are seized where possible, such as an official attending a training course in Tokyo in November 2013 on the *Development of Victim Assistance Systems for Victims of Wars and Conflict*. In-house training is also being provided at to build managerial skills and to increase understanding of the capacities of persons with disabilities.

47. *Accessibility to services:* As of September 2012, eleven projects had been implemented to enhance psychological support, social reintegration and economic empowerment for mine and other explosive remnants of war victims, as well as other persons with disabilities, in a culturally and socially appropriate manner. These have targeted both survivors and their families. The inclusion of survivors and their families, along with that of the national survivor associations, was an essential part of the planning, development, implementation and monitoring of each project. In addition, the Hope Medical City Hospital has started producing orthopaedic devices free of charge for mine and other explosive remnants of waw survivors. One of the main challenges faced in increasing access to services is overcoming physical and social barriers. Both challenges are enhanced in remote and rural areas where there is a lack of physical accessibility which hinders service delivery and limits the development of living conditions. The majority of services require increased levels of funding to access these remote areas where survivors are often found. Physical accessibility to health infrastructure has also been reported as a challenge. Many health, rehabilitation, and social centres are not physically accessible and neither are the means of information or technology that are made available within these facilities.

48. Two socio-economic reintegration and psychological support projects are ongoing in South Kordofan and Blue Nile states. A total of 275 individuals benefitted, with 150 of those being provided with an income generating activities such as livestock or business opportunities. Since June 2012, two national organisations, Elfahser Association of the Disabled and the National Organisation for Humanitarian Service and Women empowerment (NOHSWE), have been undertaking projects in Northern Darfur focusing on the establishment of regional surveillance systems and data collection projects.

49. *Awareness raising:* The Ministry of Health and the National Disability Council conducted a forum about health care for persons with disabilities. Awareness raising activities on the rights and capacity of persons with disabilities and the CRPD have been conducted by the National Mine Action Centre. A series of workshops has taken place and advocacy elements have been included in all victim assistance related projects being implemented.

50. *Inclusion:* Sudan has supported the empowerment of the Landmine Victims' Associations in three affected areas (South Kordofan, Blue Nile and Khartoum) through the inclusion of these groups in the implementation of projects. All the social integration and economic empowerment projects are currently executed by the two landmine victims associations in Blue Nile and South Kordofan states. In addition, mine and other explosive remnants of war victims and other persons with disabilities are involved in national victim assistance activities such as monthly coordination meetings, training courses. Their involvement is central to special events such as International Mine Awareness, Assistance to Mine Victims Day and awareness campaigns for International Disability Day. Following the Cartagena Summit, the Ministry of Social Welfare issued a ministerial decree ensuring the involvement of all landmine victims associations in any victim assistance related activity, particularly regarding the development and implementation of plans, policies and legal frameworks.

Tajikistan

51. *Coordination:* Victim assistance in Tajikistan is coordinated by the Tajik Mine Action Centre's Disability Support Unit, formerly known as the Victim Assistance Programme. The change of name was introduced in September 2012 to broaden its focus to be more inclusive of all persons with disabilities. The Coordination Group also was renamed as the Disability Support Technical Working Group to reinforce the understanding that efforts to assist the victims should be part of broader disability and development frameworks. The Inter-Agency Disability Support Coordination Group continues to meet on regular basis to promote coordination between relevant government ministries, agencies, survivors, and other disability stakeholders. These regular meetings ensure the integration of victim assistance in the work of wider government and other agency programmes. The priorities and focus areas for the group were determined in line with the National Mine Action Strategic Plan and include the following: capacity building of national organisations, psychosocial support through summer camps, socio-economic support, establishment of a reliable mechanism to collect data on victims, and support progress towards the ratification of relevant international instruments

52. In 2011, the Coordination Council on Social Protection of Persons with Disabilities was established. The Council was created to enhance coordination in the implementation of the national policy on the social protection of persons with disabilities amongst the different relevant government ministries and organisations. The Council membership includes high level participation from relevant ministries and agencies. The Tajikistan Mine Action Center and the National Association of Persons with Disabilities are members of the Council and ensure that the rights and needs of mine and other explosive remnants of war survivors are taken into account. The Council has the authority and resources to carry out its tasks but faces challenges in its work due to limited capacity of Council members and the lack of disaggregated data on disability.

53. *Understanding the extent of the challenge:* The Tajik Mine Action Centre maintains a database on landmine and other explosive remnants of war casualties, with data disaggregated by sex and age. Since 1992, 479 survivors and 368 fatalities have been recorded. There is some uncertainty with respect to data from 1992-2002. From 2010-2013 more accurate data are available, with 21 accidents were registered (19 survivors, 10

fatalities). In 2011, the Ministry of Labour and Social Protection conducted a needs assessment, which highlighted the need for further capacity building of non-governmental organizations and the establishment of standards and guiding principles for those working with mine and other explosive remnants of war victims. The ICRC is currently undertaking quality assurance of the needs assessment survey. The survey is ongoing and each assessment is followed up by Individual Rehabilitation Plans for survivors and victims' through ICRC's small grants and Micro-economic Initiatives project.

54. In terms of national injury surveillance, Tajikistan reported that every medical facility submits reports to the Ministry of Health and Social Protection of Population on the numbers of trauma patients admitted. The Ministry's Centre for Medical Statistics then publishes this information annually in its report *Health and Healthcare in the Republic of Tajikistan*. Data on mine victims as a separate group are not included in this reporting system. Tajikistan reported that the establishment of a national injury surveillance system is planned under the *National Strategy on Prevention and Control of Non-Communicable Diseases and Injuries*.

55. *Legislation and Policies*. In 2013, Tajikistan established an additional inter-governmental working group to develop a strategy for ratification of the CRPD. To date, the CRPD Working Group has drafted a plan of action, with participation of organizations of people with disabilities (OPD). The draft plan includes carrying out a review and revision of legislation, as well as an awareness raising campaign, which will address the stigma and discrimination against persons with disabilities.

56. *Planning*. The Tajik Commission on the Implementation of International Humanitarian Law approved the Tajikistan National Mine Action Strategic Plan 2010 – 2015: Protecting Life and Promoting Development (NMASP) On 22 April 2011. The plan endorses the main conclusions and recommendations of the Cartagena Action Plan and the Cartagena Declaration. The plan aims to "ensure the full and active participation and inclusion of mine victims in the social, cultural, economic and political life of their communities"….and that victim assistance "efforts will meet the highest international standards in order to fulfill the rights and fundamental freedoms of survivors and other persons with disabilities." The Strategic Plan was reviewed at its mid-term and changes were introduced that resulted in all victim assistance goals and objectives being made more inclusive to all persons with disabilities. The plan aims to reinforce national capacities for physical rehabilitation of all persons with disabilities, including mine victims; provide psychosocial assistance to all persons with disabilities, including landmine survivors; provide income generation and socio-economic support; and, review and ensure the reliability of the Victim Information System.

57. In August 2013, the Ministry of Labour and Social Protection launched a consultative process and developed the State Program on Social Protection of Persons with Disabilities, for the period 2014-2015. This programme will benefit all persons with persons with disabilities in Tajikistan. It aims to provide an age and gender sensitive and a rights-based foundation to promote the long-term physical, psychological, social and economic well-being of adults and children with disabilities, including mine and other explosive remnants of war survivors. The State programme was not formally adopted due to changes in governmental structure and a shift in the responsibility for disability from the Ministry of Labour and Social Protection to the Ministry of Health and Social Protection. The status of the programme was discussed during a March 2014 stakeholders' dialogue. It was agreed that the programme remains valid and important but that several steps should be taken to modify the content before its adoption. These modifications should bring terminology in line with the rights-based approach and fully calculate the costs of implementation.

58. In December 2013 the Ministry of Health and Social Protection developed a disability and rehabilitation position paper that covers plans for a 6-year period from 2014 to 2019 entitled "Better Health for Persons with Disabilities for an Inclusive Society in Tajikistan". The vision of the position paper is a country where persons with disabilities and their families enjoy the highest attainable standard of health, and the overall goal is to contribute to achieving health, well-being and human rights for persons with disabilities.

59. *Monitoring and evaluation*: All victim assistance projects implemented in Tajikistan are monitored by The Tajik Mine Action Centre Disability Support Unit.

60. *Accessibility of services*: In 2013 as a result of a project implemented by the Swiss Foundation for Mine Action (FSD), persons with disabilities, including children with disabilities and landmine survivors, have physical access to out-patient medical services, and persons with disabilities benefit from cultural and religious events conducted in the Haji Yaqob Mosque, as both sites were fully rehabilitated and made physically accessible for persons with disabilities.

61. In 2013, persons with disabilities in three districts of Sugd region (Kanibadam, Asht and Isfara) and three districts of Rasht Valley (Rasht, Nurabad and Tavildara) were provided with microcredit. Also in 2013, access to psychological support was improved through the training of 84 medical staff. Now, persons with disabilities, including landmine and other explosive remnants of war survivors living in mine contaminated districts, are benefiting from psychological assistance provided to individuals with new amputations by trained medical staff in central district hospitals. Individuals living in mine contaminated districts also have better access to psychological support and referral services through a network of 80 peer supporters, who were trained in 2013.

62. UNICEF's Child Protection Section works with the relevant ministries to ensure that children with disabilities receive appropriate services. Since 2010, 133 health care workers, social workers and staff from education establishments received two rounds of train-the-trainer training. In addition, 687 health care workers, social workers, education staff, community leaders and volunteers were trained, 18 schools in Khatlon oblast and DRS have been made accessible for children with disabilities, and 21 community based rehabilitation support rooms were established in districts and equipped with locally made facilities to provide rehabilitation services. Access to physical rehabilitation services was improved through UNICEF technical support. Access to wheelchairs was improved through a project in Vaksh district.

63. *Awareness raising*: The Disability Support Unit raised awareness among mine victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors. These efforts include the Tajik Mine Action Centre, in cooperation with others, facilitating round tables, trainings, workshops, technical working group meetings and other advocacy activities aimed in increasing the awareness of government ministries and agencies, non-governmental organizations and the public on the rights and needs of survivors and other persons with disabilities. The Tajikistan Mine Action Centre, in cooperation with Parliament of the Republic of Tajikistan and several UN agencies), presented a Tajik version of the Handbook "ENABLE" - Guidance for Parliamentarians in advocating the Convention of the Rights of Persons with Disabilities.

64. *Non-discrimination and good practice*: The Tajik Mine Action Centre disseminated a number of good practice materials, including: *Information referral guideline for persons with disabilities, a Source-book on standard legal documents on social protection and social services for population of Tajikistan (2011)*; a Handbook for Members of Parliament entitled "Disability" (2012); *Guideline for the Medical Social State Service*;

Guidelines on Peer to Peer support; "Assisting Landmine and other ERW Survivors in the Context of Disarmament, Disability and Development" which had been prepared by Implementation Support Unit and which was translated into Tajik and Russian languages in 2013. Furthermore, Tajikistan prepared a Guideline on a psychosocial support adapted to persons with disabilities; and, a "Directory of organizations working in the disability field." In addition, the research institute "Construction and Architecture" developed a norms focused on accessibility building design and National Construction accessibility standards were set to be approved by the State Committee of Architecture and Construction.

65. *Responsibility:* TMAC UNDP did its utmost to strengthen national ownership as well as develop and implement capacity building and training plans to promote and enhance the capacity of the women, men and associations of victims, other organisations and national institutions charged with delivering services. The TMAC was nationalised and Tajikistan National Mine Action Centre was established following the Government Decree as of 3 January 2014. UNDP's project Support to Tajikistan Mine Action Programme (STMAP) ultimate objective in transition period is to ensure that Tajikistan will comply with the obligations of the Anti-personnel Mine Ban Convention (APMBC) regarding demining, mine risk education and victim assistance. The project aims at strengthening capacities of the Government of Tajikistan to coordinate, plan, regulate and monitor the national mine action programme and handover of the mine action activities, including Victim Assistance to national authorities.

66. [...]

Thailand

67. [...]

Uganda

68. [...]